

Illinois Department of Revenue  
**REG-1 Illinois Business Registration Application**

Station # 925

**Step 1: Read this information first**



You may electronically file this form at **www.ILtax.com**.  
To update previously submitted information, call **217 785-3707**.

**faster and easier**

Do not check here  
until you have read  
all of Step 4. ☐

**Step 2: Provide your identification numbers and the reason for your application**

Check the best description of why you are completing this application.

- ☐ **First-time registration of your business or organization.** Tell us your federal employer identification number (FEIN). If you have applied for but not yet received your FEIN, write "applied for:" \_\_\_\_\_

Starting date of this business in Illinois:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

- ☐ **Re-applying of a previously registered business.** Tell us the Illinois Business Tax number (IBT no.) and, if applicable, the license number (Lic. no.) assigned to this business. IBT no.: \_\_\_\_\_ Lic. no.: \_\_\_\_\_

**New** starting date of this business in Illinois:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

- ☐ **Organizational change requiring a new Federal Employer Identification number (FEIN).**

What is the effective date of this change?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Is this change the result of a merger or consolidation? ☐ yes ☐ no

Tell us the FEIN and Illinois Business Tax number (IBT no.) previously assigned when you registered this business.

FEIN: \_\_\_\_\_

IBT no.: \_\_\_\_\_

Tell us the new FEIN assigned to your business as a result of this change. If you have applied for and not yet received your FEIN, write "applied for." FEIN: \_\_\_\_\_

- ☐ **Add a tax requirement or location for a currently registered business.** Tell us the Illinois Business Tax number (IBT no.) and federal employer identification number (FEIN) currently assigned to this business.

IBT no.: \_\_\_\_\_

FEIN: \_\_\_\_\_

What is the effective date of this update or addition?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Step 3: Identify your business or organization**

- 1** Business' or organization's legal name:

\_\_\_\_\_  
Corporate, organization, partnership, or owner's (if sole proprietor) name

- 2** Doing business as (DBA) or trade name (if different from above): \_\_\_\_\_

- 3** Address of your corporate/home office or your principal Illinois business address. The address where you can be contacted.

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Apartment or suite number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Daytime phone (include area code)

\_\_\_\_\_  
Extension

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Fax (include area code)

\_\_\_\_\_  
E-mail address

- 4** Did you buy this business from someone? ☐ yes ☐ no  
If **yes**, write the previous business' name and IBT no.

\_\_\_\_\_  
Previous business' name

\_\_\_\_\_  
Previous business' IBT#

- 5** Check **one** to indicate your type of business ownership (using the federal income tax classification).

☐ Sole proprietorship. Is this jointly owned by both husband and wife? ☐ yes ☐ no

☐ Corporation (other than an exempt organization)

Tell us the Illinois Corporate File (charter) number issued by the Illinois Secretary of State: \_\_\_\_\_

Is this a small business corporation (subchapter S)? ☐ yes ☐ no If **yes**, tell us how many shareholders. \_\_\_\_\_

☐ Partnership. Write the number of general partners. \_\_\_\_\_

☐ Trust or estate

☐ Exempt organization

☐ Governmental agency

## Step 4: Describe your business type or activity

1 Describe your business and provide the percentage of each activity used in your description.

\_\_\_\_\_%  
\_\_\_\_\_%

2 Check all that apply to your type of business:

- ☐ **Withholding (employees, dividends, or certain winnings)** - You pay wages, taxable dividends, or wagering transactions in Illinois; *or*, you pay wages to Illinois residents under your state's income tax reciprocity agreement with Illinois.
- ☐ **Sales** - You sell merchandise. Are **all** of your sales for **resale** or otherwise exempt from sales tax? ☐ yes ☐ no  
Check **any** that apply to your type of **retail** sales (if applicable).  
\_\_\_\_ Vehicles, trailers, mobile homes, watercraft, aircraft  
\_\_\_\_ Tires  
\_\_\_\_ Beverages (soft drinks) in closed or sealed containers  
\_\_\_\_ Motor fuel (e.g., gasoline, gasohol, diesel fuel)  
\_\_\_\_ Items sold from vending machines. How many machines will you have? \_\_\_\_\_  
\_\_\_\_ Solvents sold to dry cleaners  
Do your sales include purchase orders accepted outside of Illinois and items shipped directly into Illinois? ☐ yes ☐ no  
If "**yes**," check the best description of your business.  
\_\_\_\_ Located in Illinois, including but not limited to an office or agent.  
\_\_\_\_ **No** location in Illinois but will voluntarily collect sales tax on receipts from sales into Illinois.
- ☐ **Use** - You buy items for use in Illinois on which you do **not** pay the Illinois sales tax to your supplier. This includes items from your inventory bought tax-free for your own use.
- ☐ **Services** - You provide services (e.g., repairs, printing, funeral, consulting, barber) and you are **not** a public utility.  
Do you transfer or sell items (e.g., parts, paper, chemicals, shampoo) with your service? ☐ yes ☐ no
- ☐ **Motor vehicle renting** - You are in the business of renting motor vehicles (*i.e.*, automobiles, motorcycles, certain vans/recreational vehicles) for one year or less.
- ☐ **Water or sewer utility services** - You provide water or sewer utility service in Illinois.
- ☐ **Hotel/motel operators** - You rent, lease, or let rooms to the public for living quarters for periods of less than 30 days.
- ☐ **Liquor warehousing (not liquor sales)** - You warehouse or deliver alcoholic liquors for compensation.
- ☐ **Methane gas landfills** - You are a Qualified Solid Waste Energy Facility (QSWEF).

***Below are tax responsibilities that may require additional information. We will contact you for this information. If you check any of the boxes below, please check the "Additional Requirements" box in Step 1 on the front of this application.***

- ☐ **Natural gas** - You sell natural gas, provide natural gas services to persons in Illinois, or purchase natural gas from outside of Illinois for your own use (not for resale). Check all that apply.  
How do you sell natural gas or natural gas services? \_\_\_\_ at retail \_\_\_\_ at resale  
Are you a municipal utility? ☐ yes ☐ no  
Do you purchase natural gas from outside of Illinois for your own use (not for resale) and want to pay the tax directly to us?  
☐ yes ☐ no
- ☐ **Telecommunications** - You provide telecommunications services in Illinois. How do you sell your service? \_\_\_\_ Retail \_\_\_\_ Resale  
Is the only service you provide a paging or wireless service? ☐ yes ☐ no
- ☐ **Cigarette or tobacco products** - You manufacture, wholesale, or distribute cigarettes or tobacco products.  
Check all that apply to your business' activities.  
**Cigarette:** \_\_\_\_ Manufacture \_\_\_\_ Stamp \_\_\_\_ Distribute  
**Tobacco products:** \_\_\_\_ Distribute \_\_\_\_ Retail (purchase from distributors and tax is **not** or will **not** be paid)
- ☐ **Motor fuel, aviation fuels and kerosene** - Check the activities which apply to your business.  
\_\_\_\_ Distributor - **not** from retail outlets \_\_\_\_ Compressed gas sales - highway use **only** \_\_\_\_ Bulk storage plants - **not** at retail outlets  
\_\_\_\_ Retail outlet **only** \_\_\_\_ Manufacturing \_\_\_\_ Gas/motor fuel blending \_\_\_\_ Importing \_\_\_\_ Exporting
- ☐ **Electricity services** - You deliver electricity to persons in Illinois for their own use.  
How do you sell your service? \_\_\_\_ Retail \_\_\_\_ Resale  
Check **any** that apply to your type of business:  
\_\_\_\_ Electric cooperative \_\_\_\_ Municipal utility  
\_\_\_\_ Self-assessing purchaser of electricity for **nonresidential use** who elects to pay the Electricity Excise Tax directly to us.
- ☐ **Gaming events** - You operate gaming (*i.e.*, bingo, charitable games, pull tabs) events or are a premise provider, supplier, or manufacturer of equipment used during gaming events. Check **all** that pertains to your organization or business.  
\_\_\_\_ organization operating an event \_\_\_\_ supplier or manufacturer of gaming equipment \_\_\_\_ premise provider for events

## Step 5: Describe your business

1 Check **all** that apply to your Illinois business activity. ☐ **Retail** ☐ **Wholesale** ☐ **Service** ☐ **Manufacturing/production**

2 Check **all** that apply to your type of business.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Advertising, business services             | <input type="checkbox"/> Furniture, flooring, appliances    | <input type="checkbox"/> Not-for-profit business/organization  |
| <input type="checkbox"/> Auto supplies                              | <input type="checkbox"/> Gasoline, other petroleum products | <input type="checkbox"/> Nursery, florists, garden supplies    |
| <input type="checkbox"/> Books, jewelry, gifts, cameras             | <input type="checkbox"/> Grocery items                      | <input type="checkbox"/> Other manufacturing not listed: _____ |
| <input type="checkbox"/> Building trades, construction, contractors | <input type="checkbox"/> Hardware                           | <input type="checkbox"/> Other retail not listed: _____        |
| <input type="checkbox"/> Clothing and accessories                   | <input type="checkbox"/> Homes - mobile/modular             | <input type="checkbox"/> Other services not listed: _____      |
| <input type="checkbox"/> Coin-operated amusement devices            | <input type="checkbox"/> Hotel/motel                        | <input type="checkbox"/> Other wholesale not listed: _____     |
| <input type="checkbox"/> Communication                              | <input type="checkbox"/> Leasing/renting equipment          | <input type="checkbox"/> Paper, textiles, printing, chemicals  |
| <input type="checkbox"/> Computers/programming/design/software      | <input type="checkbox"/> Liquor                             | <input type="checkbox"/> Pharmaceuticals/drug stores           |
| <input type="checkbox"/> Dental, medical services/facilities        | <input type="checkbox"/> Lumber, building materials         | <input type="checkbox"/> Public administration, government     |
| <input type="checkbox"/> Dept. store/general merchandise            | <input type="checkbox"/> Machines, parts, equipment         | <input type="checkbox"/> Real estate, insurance, finance       |
| <input type="checkbox"/> Drinking places                            | <input type="checkbox"/> Mail order, direct/vending sales   | <input type="checkbox"/> Renting vehicles                      |
| <input type="checkbox"/> Eating places                              | <input type="checkbox"/> Medical supplies                   | <input type="checkbox"/> Sporting goods, bicycles, toys        |
| <input type="checkbox"/> Electric                                   | <input type="checkbox"/> Metals, rubber, plastic            | <input type="checkbox"/> Tobacco products                      |
| <input type="checkbox"/> Electronics, TVs, music, instruments       | <input type="checkbox"/> Mining, coal, other minerals       | <input type="checkbox"/> Transportation                        |
| <input type="checkbox"/> Forestry, livestock, agriculture, fishing  | <input type="checkbox"/> Natural gas                        | <input type="checkbox"/> Vehicles, boats, motorcycles          |
|   |   | <input type="checkbox"/> Water, sewer                          |

## Step 6: Identify your business location

Do **not** complete this step unless your location is in Illinois and your business activities include sales (including vehicle sales), use, service, hotel/motel operations, telecommunications, motor vehicle renting, electricity services, natural gas, or liquor warehousing. Write your business name, address (even if it is the same as identified in Step 3), and the date the location started doing business. **Note:** Township information is required for all Madison or St. Clair County locations in Illinois.

**Location 1:** Is this the same address as the address in Step 3? ☐ yes ☐ no

Check **all** that apply to this location's type of activity.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Sales, Use, Service | <input type="checkbox"/> Motor vehicle renting | <input type="checkbox"/> Telecommunications   | <input type="checkbox"/> Electricity services |
| <input type="checkbox"/> Vehicle sales       | <input type="checkbox"/> Liquor warehousing    | <input type="checkbox"/> Hotel/motel operator | <input type="checkbox"/> Natural gas          |

**Name:** \_\_\_\_\_ **Starting date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Doing business as (DBA) or trade name if different from the name you provided in Step 3 Month Day Year

Street address (Do **not** use PO Box), include apartment or suite number (if applicable)

City \_\_\_\_\_ State **Illinois** ZIP \_\_\_\_\_  
County: \_\_\_\_\_ Township: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Daytime phone (include area code) Fax (include area code)

**a** Check the best **physical** description of this location: ☐ permanent ☐ one that will change (e.g., fairs, flea market)

**b** Check the best description of this location in regards to the city, village, or town limits listed above: ☐ inside ☐ outside

### Location 2:

Check **all** that apply to this location's type of activity.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Sales, Use, Service | <input type="checkbox"/> Motor vehicle renting | <input type="checkbox"/> Telecommunications   | <input type="checkbox"/> Electricity services |
| <input type="checkbox"/> Vehicle sales       | <input type="checkbox"/> Liquor warehousing    | <input type="checkbox"/> Hotel/motel operator | <input type="checkbox"/> Natural gas          |

**Name:** \_\_\_\_\_ **Starting date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Doing business as (DBA) or trade name if different from the name you provided in Step 3 Month Day Year

Street address (Do **not** use PO Box), include apartment or suite number (if applicable)

City \_\_\_\_\_ State **Illinois** ZIP \_\_\_\_\_  
County: \_\_\_\_\_ Township: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Daytime phone (include area code) Fax (include area code)

**a** Check the best **physical** description of this location: ☐ permanent ☐ one that will change (e.g., fairs, flea market)

**b** Check the best description of this location in regards to the city, village, or town limits listed above: ☐ inside ☐ outside

### Additional locations:

\_\_\_\_ Check if you need to identify more locations. Attach a separate sheet containing all of the required information in a similar format.

Tell us your **total** number of Illinois locations. \_\_\_\_\_

## Step 7: Identify your officers and owners

- 1 If your business is a **corporation, subchapter S corporation, or nonprofit organization**, print the legal name and SSN of each officer.

Legal name (Last, first, middle initial)	<b>President</b>	SSN	-	-	-
Legal name (Last, first, middle initial)	<b>Vice-President</b>	SSN	-	-	-
Legal name (Last, first, middle initial)	<b>Secretary</b>	SSN	-	-	-
Legal name (Last, first, middle initial)	<b>Treasurer/Comptroller</b>	SSN	-	-	-

- 2 Is your business a limited liability company? ☐ yes ☐ no  
If **yes**, attach a list designating each manager and member by name and SSN or FEIN.

- 3 If your corporation is owned (over 50 percent) by another business, print the legal name and FEIN of the owning entity.

Owning entity name	FEIN	-	-	-
--------------------	------	---	---	---

- 4 If your business is a **sole proprietorship, trust/estate, or partnership**, provide the legal name and SSN or FEIN of each owner, trustee/executor, or general partner. **Note:** If you need to identify more, attach additional sheets with the required information in a similar format.

Legal name (Last, first, middle initial)	SSN	-	-	-
Legal name (Last, first, middle initial)	SSN	-	-	-
Business name of your owner	FEIN	-	-	-

## Step 8: Tell us your mailing address

Complete this information **only** if you want your tax forms and correspondence mailed to an address other than the one listed in Step 3.  
**Note:** All notices and bills (containing confidential tax information), refunds, certificates, and tax forms will be sent to this address.

In-care-of name. Please print.	Street address	
City	State	ZIP

## Step 9: Sign below

- 1 **Person responsible for filing returns and paying taxes:** If in Step 4, "Withholding," "Sales," "Use," "Service," "Motor vehicle renting," or "Hotel/motel" was checked, the person(s) that will be personally responsible for filing returns and paying the tax due **must** complete the following information. This signature is required in addition to the signature in Item 2 of this step. The same person can sign both statements. **Note:** If you need to identify more, attach sheets with the required information in a similar format.

**Check tax responsibility(ies):** ☐ Withholding ☐ Sales, Use, or Services ☐ Motor vehicle renting ☐ Hotel/motel

Signature	Month / Day / Year	Printed name (Last, first, middle initial)	SSN	-	-	-
-----------	--------------------	--	-----	---	---	---

Street address	City	State	ZIP
----------------	------	-------	-----

**Check tax responsibility(ies):** ☐ Withholding ☐ Sales, Use, or Services ☐ Motor vehicle renting ☐ Hotel/motel

Signature	Month / Day / Year	Printed name (Last, first, middle initial)	SSN	-	-	-
-----------	--------------------	--	-----	---	---	---

Street address	City	State	ZIP
----------------	------	-------	-----

- 2 **This must be completed by the person completing this application and verifying the information.** Signature stamps are **not** acceptable.  
*Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.*

Signature	Title	Month / Day / Year	Printed name (Last, first, middle initial)
-----------	-------	--------------------	--

## Step 10: Mail your application

If you attached additional sheets for any step in this application, please check here. ☐

If you have any questions or need help completing your application, please call us weekdays between 8 a.m. and 5 p.m.

**Email:** centreg@revenue.state.il.us

**Phone:** 217 785-3707

**Mail:** CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19476  
SPRINGFIELD IL 62794-9476